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DR. COLLINS'S LECTURE ON DISEASES OF FEMALES.

[Concluded from page 480.]

Now, gentlemen, let us proceed to the treatment of one of the most common cases we meet with in every-day practice. For the sake of elucidation, permit me to cite a single example, showing the effect of allowing a simple case to become chronic and obstinate in its character.

Mrs. A., at 38, was married at 18, and had three children during the first seven years of her marriage, which brought her to the age of 25, up to which time she had always enjoyed good health. After that period her general health began to break down, and continued to fail so much that she was at last confined to her room, and finally to her bed, where she remained most of her time for eight years. During all this period of time she had been attended by various practitioners, both regular and irregular. Extreme nervous irritability pervaded the whole system; the digestive organs and assimilative function were greatly impaired; the skin presented that peculiar sallowness which so often accompanies these cases. The bowels were torpid most of the time, but would now and then become too relaxed. Upon attempting to sit up or stand on her feet, a sense of great weight in the pelvis, with pain in the back and down the thighs, caused the feeling in those parts which is usually termed bearing down. She had a constant discharge from the vagina, which was not of large quantity unless she attempted to sit or stand up, and then it was increased. The character of this discharge was something of the color and consistency of thick, dark cream, and at times was quite fetid. The menstrual discharge was irregular in time and quantity.

Almost as a matter of course this woman had used a variety of injections for the vagina and womb; worn *pessaries*, *supporters* and *plasters*; and after failing to be cured by one, she had tried another, and had taken her share of the cure-alls advertised in the newspapers.

After examining every other part of the body than that where I supposed the primary disease existed, as I generally do, and not discovering any organic lesion, and not being satisfied with the diagnosis of my "illustrious predecessors," or their ridiculous nosological classification of her disease under the common head of "nervousness," or "liver complaint,"

I proposed to investigate the condition of the womb, which was readily consented to, as is always the case with sensible and well-bred ladies when laboring under these afflictions. I proceeded in my usual manner of placing the patient on her back upon the edge of the bed, with the feet towards a window which admitted a good natural sun-light. Two chairs were placed by the bed-side at a proper distance from each other, for the feet to rest upon. I first made a digital exploration into the vagina with the patient in the supine position, for the triple purpose of ascertaining what kind of speculum was to be used; whether any tumor of the vagina or polypus of the cervix existed; and to learn the condition, as far as possible by the touch, of the uterus itself. I then had the patient supported by her husband in the standing position, so as to know the difference in the length of the vagina by the mechanical pressure of other parts upon the womb, as well as its own observance of the well-known law of gravitation, which generally shortens the passage to this organ. Re-placing the patient upon the bed, I introduced a proper speculum, which I show you, and brought into view the real condition of the cervix. The vagina was slightly congested, the cervix was readily exposed, and presented considerable hypertrophy and induration, with granular ulceration, somewhat of an aggravated form, involving the *os tincæ*, as I exhibit to you in the colored plate. The disease was a little inclined to take on a malignant character, as indicated by its peculiar *stœtor*.

I applied the solid nitrate of silver, taking care not to touch any other than the ulcerated surface; in the course of a few minutes I touched the cauterized part with cod-liver oil, and before withdrawing the speculum I scarified freely the surrounding indurated membrane. The patient complained of considerable tenderness in the entire abdomen, but more especially of the lower portion. I was not quite sure whether this sensitiveness was owing in part to slight chronic inflammation of the ovaries, and aggravated by the constipated condition of the bowels, or to the disease of the womb itself. But in order to relieve the bowels and the consequent pressure upon the womb and ovaries, I ordered an enema of warm water and camphor to be administered that night.—I am often in the habit of directing, in cases of much pain in the uterine region, an enema something like the following, viz.:—R. Gum camphor., 5 ss.; tr. hyosci., 5 ij.; chloroform, gtt. xx.; mag. cal., 3 j. M. After rubbing them well together, add a pint of hot water, and the whole to be used as soon as cool enough. This is merely as a palliative for the time being.

In the course of three days I again visited my patient. She informed me that she had experienced some relief, but felt quite as nervous as ever. After wiping away the accumulated pus, I applied tr. of iodine to the entire cervix, and on withdrawing the speculum I placed a suppository at the *os*, ten grains of the mass made after the following formula, viz.:—R. Ung. stramon., 5 ij.; ext. conii, ext. hyosci., carbo ligni, &c. 5 j.; pulv. g. opii, 5 ss.; tannin, 5 ij. M. This and similar remedies I have found of service in this peculiar condition of the parts. Hence I always keep such ready mixed in my case of uterine remedies.

I made a prescription something like this, viz. :—R. Tr. senna et jalap, valerian, lupuli, cinchon., $\frac{aa}{aa}$ $\frac{3}{3}$ ij. ; syr. simplicis, aq. distillat., $\frac{aa}{aa}$ $\frac{3}{3}$ ij. ; ferri citras, potass. iodid., $\frac{aa}{aa}$ $\frac{3}{3}$ ss. M. Dose, a teaspoonful immediately before each meal. No restrictions in food, except to eat that which was nutritious. I also directed a pill to be taken every night, composed of R. Assafetida, gr. ij. ; pulv. rhei, soda supercarb., fel. bovinum, $\frac{aa}{aa}$ gr. j. M. Ft. pil. no. j.

After three days more had elapsed, I again saw my patient. The medicine seemed to agree admirably with her stomach, and did not produce any of the unpleasant symptoms that tonics had hitherto caused. Upon examining the uterus, I found by actual measurement that we had gained an inch in the length of the vagina, which is of no uncommon occurrence in the treatment of such cases. I am in the habit of being very exact in these cases, for my own satisfaction.

After clearing away the collection of pus, and the remains of the ointment which were left from the last application, I saw that a very marked improvement had taken place since the first application ; yet the patient could not perceive herself much better. This time I applied the solid sulphate of cupri, followed by cod-liver oil.

I continued the use of these remedies, varying them as the progress of the disease seemed to indicate, once in about three days, except when interrupted by the catamenia. I sometimes applied the muriated tincture of iron, containing as much of the extract of logwood as the tincture would hold, from $\frac{3}{3}$ j. to $\frac{3}{3}$ ij. of the ext. to an $\frac{3}{3}$ of tr., which forms an excellent application in such cases where there is so much relaxation of the surrounding membrane. A combination peculiar to myself, I believe.

After the lapse of about four weeks, I directed my patient to commence sitting up a little every day, and then to be carried out to ride ; thus gradually beginning to exercise the entire body. In all of these cases the muscles seem to lose their tonicity, and a system of gymnastic exercises will prove a powerful auxiliary in the restoration of health, after you have removed the local disease.

Without particularizing further, I will state that in the course of three months nearly all of the disease had subsided under the aforesaid treatment, with only slight variations to meet the changes, as symptoms indicated. But it was nearly a year before the patient was wholly restored to sound health. During the entire treatment, the husband was present at each application of topical remedies, which gave him an opportunity of witnessing the progress in the case ; and it is always one of the most satisfactory things connected with the treatment of these disagreeable diseases, to have the parties most interested see for themselves the remedies you use, and the true process of cure. I am in the habit of frankly telling the patient the plain English names of all remedies as I have occasion to apply them, so accustomed have I been to treating such cases in public practice in the presence of medical men. Indeed, I always insist upon having a third person present when it is practicable, so that the real character and amount of disease may be fully seen by one of the patient's own friends.

Every physician, when called upon to investigate a case in private practice, should as carefully analyze it, and give as guarded an opinion, as if he were in the presence of an intelligent audience of experienced medical men. Then there would be fewer mistakes, less odium cast upon the profession, and better friendship would exist in our ranks. If a man cannot tell what disease exists, let him say so frankly to the patient, and he will get the credit of honesty of purpose, if nothing more. But suppose he attempt to go on with the treatment of a case without knowing really what he is treating, perhaps calling it the "liver complaint," or some other nonsensical, worn-out term, the patient will after a while get tired of him, and set him down either as a knavish fool or foolish knave.

The case which I have just related to you may be a little more aggravated by its long standing, but is precisely such as we are almost daily meeting with. You sometimes are presented with cases of ulceration of the cervix which will readily yield to the local treatment, and be cured in a very short space of time; even where they have been considered cases of prolapsus of an incurable character. Again you may treat a case of supposed simple ulceration of the cervix, which the speculum reveals, until you remove this lesion, and still your patient does not obtain that relief which you both expected when you began your medication. In some of these cases chronic ovaritis may exist, but may have escaped your notice, or you may have supposed the slight tenderness of these organs, dependent upon, and would be relieved by, curing the cervix, and only find yourself mistaken after a fair trial. In such cases attack this hidden lesion by cupping and blistering over the inguinal region, and keeping up proper counter-irritation, occasional scarification at the os tincæ, and cold-water enemas, as advised by Dr. Tilt, the author of a very clever work on diseases of menstruation.

I have now and then met with a case where there was functional derangement of the uterine organs, which I have thought gave rise to other derangements, but did not get as satisfactory results in these cases as I had been in the habit of in other similar ones. I mention this, because I hold that if a man attempts to read to others from his own little book of experience, he ought to show both sides of the picture; if he does not, his critics surely will show the less favorable view of the case.

I will just allude to a kind of small fibrous polypus which sometimes exists within the os tincæ, and escapes the notice of the medical attendant, so hidden is it; but it may readily be detected by opening the mouth of the womb with proper instruments, when that organ is fairly exposed with a proper speculum and brilliant sun-light. I have recently treated with entire success two cases of this kind, which had been previously treated for uterine disease by skilful practitioners. I merely twist off these polypi with common dressing forceps, and apply the solid nitrate of silver.

Another trifling difficulty which causes much annoyance, is a small bloody tumor, or irritable fungous growth, which makes its appearance at the meatus urinarius, and is sometimes so excessively sensitive as to entirely

prevent sexual congress, and micturition is attended with pain. I formerly cauterized, or cut them off and then cauterized the bleeding surface, and let the patient walk about as much as she pleased ; but they were not always cured. I now cut them deeper than formerly, using this little bistoury, which I show you, for that purpose. I have an assistant, usually, to hold open the vulva, whilst I grasp the affected part with proper forceps with one hand, and cut with the other. I immediately apply the solid nitrate of silver, and dress the part with a little fine lint, keeping my patient in bed and on low diet for about four days, which fully prevents a return of the disease.

I must not neglect to drop a few words, in these hasty remarks, on the proper use of tonics in the treatment of a majority of uterine diseases as they present themselves in our country. When in Paris and London, a little over two years ago, I could not help observing the difference in the constitutions of the patients of those two countries ; and also the very marked contrast in English and American women laboring under the same disease. I spoke of this circumstance to several distinguished medical authors whose works are re-published in our country. I then saw the great necessity of our having a medical literature of our own, and not taking the *ipse dixit* of writers in other countries without investigating for ourselves. Although there will always be found to exist the same pathology and the same prominent points in the same disease in different countries, the treatment must be varied according to climate and constitution. The English eat so much more beef and mutton, and drink so much more wine and malt liquor, that the same disease with them has to be treated quite differently from what it is with us, as you see it laid down by their good practical writers. In most cases of uterine disease in our own country, we can commence the use of bark and iron from the very outset of our treatment, so defibrinated has the blood become by the sympathizing effects produced upon the digestive organs, and the almost entire disuse of wine and malt liquors by American ladies.

With respect to the *kind of speculum* to be used ; you require at least a dozen different sizes, and of various patterns. The common glass cylinder, however, will always be used more than any other in the application of remedies. One great fault with those that you find in the shops, is, they are all too long for practical purposes. I am in the habit of having those I use made to order, expressly as I desire them.

The speculum, it now appears, is an instrument of great antiquity ; the ancients being quite familiar with instrumental examinations of the neck of the womb, and the treatment of its various diseases by ocular demonstration. It is now pretty well ascertained that various instruments for examining the vagina and uterus, and treating diseases incidental to them, were used previous to the seventh century ; and that owing to the peculiarly delicate situation of the monks and priests into whose hands the practice of medicine fell, for a time, the treatment of uterine diseases was abandoned. This important department of medicine was thus neglected for centuries, and only awaited this happy age of discovery and improvement to be brought to light.

Before closing, I will just allude to a subject of some importance,

which, it seems to me, is too generally overlooked by medical men. I refer to the secret habit of onanism or masturbation, and its direful effects upon the nervous system of young women who practise it. It ruins them both mentally and physically, and I believe prevails to a far greater extent than most people are aware of. The exercise of the mental, at the expense of the physical system, causing a peculiar susceptibility to excitement; the fondness for works of fiction which at the present day seem to find their way to all classes of society; and a distaste for all manual labor, prepare young ladies for this unnatural habit, which sends many to their graves, and others to lunatic asylums.

I once had a patient, a beautiful young lady of nineteen summers, who at this interesting age was sent by her parents in the country, to the city to complete her education in music. She was placed under the tuition of a distinguished foreign teacher, who called at her uncle's house two or three times a week to give her lessons on the piano, for about a year. At the termination of the year her general health became delicate, and finally she was attacked by menorrhagia, which continued for some months, reducing her to the lowest possible state. The menorrhagia was followed by amenorrhœa, which continued to the time I first saw her. Good medical advisers were called in attendance, and various modes of practice adopted for nearly five years. During this long period of time her mind became impaired. Without occupying your time in particularizing further in this case, I will say that when she came under my care, I embraced the earliest opportunity, when left alone with her, to tell her frankly my suspicions. She burst into a flood of tears, and told me that my suspicions were correct. She confided to me that she began the practice when under the tuition of her music teacher, and had continued it more or less until the time I was called to see her. She said her teacher would put his hands on her when looking over her shoulders in reading lessons with her, or instructing her on the instrument. He would sometimes let one hand rest on her lap when sitting by her side, and was constantly taking such little liberties, which she pretended not to notice, for he never offered her any direct insult. Such little familiarities caused new and peculiar sensations, which she attempted to *allay* by chafing the genital organs with the hand. She was thus unconsciously led into a practice which came well nigh proving her ruin. I at once explained to her the consequences, and she promised to abandon the practice. I put my patient upon the use of iron and quinine, and made repeated applications of nitric acid along the spine, especially over the lumbar region; making an eschar as a counter-irritant, and to affect the sensorium. She finally recovered her health.

I have sometimes had patients tell me that the habit was so confirmed that they often awoke in the night and found themselves at this practice. In these cases I either have them fasten their hands in such a manner as to keep them away from the genital organs, or apply a drop or two of nitric acid, now and then, to the clitoris and about the anterior commissure of the labia, keeping the parts so sore as to produce pain on touching them.

When at Guy's Hospital, London, Dr. Golding Bird called my atten-

tion to a curious case, which he then had under treatment, and which originated from the practice of masturbation. It was that of a young woman, who would lie for months together, apparently, almost lifeless, taking just food enough to sustain life. She bore all sorts of torture in the hospital without showing the least feeling. Several eminent clergymen visited her before she was taken to the hospital, and much interest was excited in her case, as she was supposed to be in a trance. Several medical gentlemen of London had treated this patient without the slightest knowledge of its origin. She confessed to Dr. B. her depraved habit, and was finally cured.

I once treated a married woman who had been in this practice for twenty years, and refused her husband, so fearful was she of having children. Her nervous system, as well as her general health, were completely ruined, yet her husband, to this day, I presume is wholly ignorant of the real cause of her ill health.

As physicians, it is necessary for us to know and to treat these depraved habits as they present themselves to us in either sex.

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicale*—Translated from the French by D. D. SLADE, M.D., Boston, and communicated for the *Boston Medical and Surgical Journal*.

FIFTEENTH LETTER.

MY DEAR FRIEND,—From the numerous observations collected with care, from the many experiments made by myself, and from the more numerous ones, still made after my example, I have the right to conclude, that up to this day, secondary accidents have not been inoculated. I have told you that the new experiments which I have very recently made; that the experiments again repeated by M. Puche and by M. Cullerier, have remained confirmatory of the first. But these experiments having been always practised upon the patient himself, a capital objection might be made against me. It could be said, the secondary accidents cannot be inoculated in those who are already affected; but they can be perfectly inoculated upon a healthy individual. This objection could be made even by those who partake of my doctrines; for I do not think that it has entered the mind of all that school which is opposed to me, and which professes that, so far from syphilis preventing a new contagion, it is sufficient to make a single wound in a syphilitic patient in order that this wound should take on immediately a venereal character. I have already elsewhere said, and I shall ask of you the permission to soon recall what I think of this opinion. However it may be, the first objection remained; and if the observations of Wallace had been more probable, and less contestable, I should have taken the trouble to answer them, for I was completely destitute of experiments which proved the contrary. It is under these circumstances that has been presented the fact of the inoculation from a diseased to a healthy man, of which I have given you a sketch in my last letter. I have spoken of this fact upon the special authority of the person the most interested in

it, he who has voluntarily submitted to the experiment, who undergoes the consequences of it, and with a legitimacy which we cannot reasonably contest, raises up pretensions to the scientific right to this fact ; who believes in having become absolutely the master of it, and having the right to draw from it all the scientific and practical consequences which he shall judge proper, leaving to all the liberty to do as much ; it is, I say, under these circumstances, that I have thought myself permitted to give my opinion upon this fact.

I repeat, then, that this fact has appeared to me very grave, very serious, and well worthy of being taken into consideration ; this is the reason why I have wished to examine it with care. We do not pre-occupy ourselves with common facts, and those without value. This one derives its importance both from the nature of the experiment which could have great influence in the elucidation of grave practical questions, and from the individual who has submitted himself to the experiment. It is an interne in pharmacy, a distinguished and intelligent pupil, who has been occupied with medical studies, and more particularly with syphilis. I considered the fact merited our attention, on account of the experimenter, whose science, talents or character, as you know, dear friend, I have never wished to attack. If needful, you could attest to this. I have always deeply detested attacks of this kind, not only because they have often been unjustly employed against me, but because it is not my custom, and because my disposition is repugnant to it.

In these letters, rapidly conceived, and more rapidly written, benevolent expressions might sometimes fail me, but the intention never. Let this be said once for all, and put to silence susceptibilities which have no right to exist.

I return to the scientific fact which alone occupies me—all the value and all the importance of this fact is in the diagnosis. Has the pus of a secondary or of a primary syphilitic accident been inoculated upon a healthy individual ? I believe, I think, and I have given my motives, that from this fact alone, viz., that the patient who furnished the pus has been inoculated positively himself, that this experiment enters completely into the domain of those which I myself have made. Thus, if success has been met with in this case, it is because, according to my numerous experiments, we have had to do with primary accidents. Unless, which I do not contest, *but which remains to be proved*, we have discovered for the inoculation of secondary accidents, *a particular form, a special period*, which until now has escaped us, and which we ought to be able definitely to determine.

For, in fine, this result cannot be an exception, or the effect of chance. If we could succeed in establishing the circumstances in which secondary accidents could be inoculated, and therefore could be contagious, we shall have made a great step in syphilogeny, and rendered a great service to science. In all cases, this experiment will confirm this law —that an accident actually contagious is inoculable ; that there is no difference between artificial and physiological inoculation. It would prove that this mode of experimentation can well have some value, and it would be for me a veritable pleasure to see ranged under this opinion

those persons who have made the most of the *uncertainties and the difficulties of syphilitic inoculations.*

Let me tell you, my friend, that I have no intention, as you well see, of changing my position. I do not attack, I defend myself. I do not criticize, I examine. I am not ambitious for the success of the *polémiste*; I hold to the more modest pretensions of the practical observer. Nobody is more ready than myself to receive light, from whatever source it may come; or to recognize the truth, whatever may be the voice that proclaims it. I have always uttered what I knew, or thought that I knew, with loyalty and firmness. My experiments I have never made secretly; they have become the property of all, they have enjoyed the right to see them, to judge of them, and to discuss them, and certainly in justice they have not found fault with them; and without asking me permission, it was a common right. I have entertained opinions which time and experience have modified. I shall cite an actual example of this, and one to the point.

With all the earnest writers on syphilis, past and present, I have thought that *syphilis was not transmissible to animals*. I have made experiments, which like those of Hunter, of Turnbull, and especially of M. Cullerier, who has made more numerous ones, have always conducted to negative results. All these experiments gave me the right to conclude upon the *non-transmissibility of syphilis to animals*, until the contrary is proved.

However, *I was not too hasty to teach and to publish these negative results*, as M. Robert de Welz has imagined, since I had also the essays of Hunter, of Turnbull, of M. Cullerier, and moreover the numerous unsuccessful experiments, publicly stated, of M. Auzias Turenne. M. Auzias has experimented perhaps more than all of us together, and had also more numerous negative results. But more persevering in his researches, he has studied the conditions which could prevent the inoculation of animals; he says that he has recognized them, and that he has at last succeeded in inoculating the primitive accidents from man to the monkey, and in return from the monkey upon man. M. Auzias assures us that one of the principal causes of the want of success was that the animals licked themselves after the inoculation. He had thought, originally, that the saliva neutralized the virus; but this opinion could not be entertained in presence of the numerous instances that we see in man of the primary accidents having for seat the lips, the tongue, and different points of the buccal cavity. The whole secret was, that the animals, in licking themselves, must necessarily cleanse the wound of the inoculation.

But the true reason which must have caused the experiment to fail, and upon which M. Auzias Turenne insists the most at the present time, is the very great plasticity of the blood in animals, which allows it to interpose itself between the bleeding part and the virulent matter. It is in taking care to constantly soak the wound with pus after the inoculation, that it has succeeded. I have witnessed the experiments, and I can vouch for the authenticity of them. It is with eagerness that I have been able to rectify this point in the history of syphilis, in my clinical lessons.

Until then, I had professed, with our predecessors and with our contemporaries, that syphilis was the unhappy prerogative of man, and yet that it was not spontaneous in him. I have always greatly insisted upon these two facts, which appear contradictory, *specialty of the disease in man, and not spontaneousness*. I have always thought that syphilis had an origin somewhere, and that it was necessary to search for it. Is the problem resolved? The monkeys have not always escaped from wicked insinuations. Already Overcamp and Linder had accused them of playing an evil trick upon the human race, by giving it syphilis; but before M. Auzias, Overcamp and Linder have been considered as calumniators of monkeys. Were they right?

What is incontestable is, that since man was acquainted with monkeys, since he has seen them multiply in the Garden of Plants in Paris and in other capitals, since he has observed them, either in a state of nature or in captivity, nothing has ever been seen upon them or among them which resembled primitive syphilis, and more especially constitutional syphilis.

However, M. Auzias has succeeded in planting upon the ear of a monkey a primary ulcer. The pus which served for the inoculation having been taken from a patient in my wards, I ought to note with care the circumstances in which this pus was taken. The patient who furnished it was affected with confluent chancres upon the gland, upon the prepuce and upon the rectum—*chancres non-indurated*, and at the period of specific progress. These chancres were the result of a recent contagion in an individual under the influence of a constitutional syphilis, at the secondary period; and this is very important to note, for according to the principles that I have given out, this circumstance explains why the chancres were not indurated in this patient. Again, these chancres, by their *multiplicity, by the variety of their seat*, could have been, in the eyes of inattentive or of superficial observers, confounded with other constitutional accidents, and served as a pretext to conclude upon the possible inoculation of secondary accidents.

A previous inoculation had been made upon the patient and had succeeded. It was with the pus of the pustule of the inoculation that the monkey was inoculated the first time. A second inoculation was made upon the monkey with the pus of his first pustule, and this second inoculation again succeeded.

It was then that one of our young brethren interposed. M. Robert de Welz, associated professor of a German university, asked to be inoculated, and was effectually inoculated—first with the pus of the first pustule of the monkey, and then with that of the second. These inoculations succeeded. But until then, the patient who first furnished the pus had not had any specific induration; the monkey, whose pustules became a little thickened, *had not presented the certain characters of this induration; the neighboring glands were not enlarged*; in fine, our German brother, who of his own accord submitted to a perilous experiment, in whom, moreover, the pustules of inoculation were not destroyed until at quite a late period, has not experienced the *specific induration*. The pustules

of inoculation presented, at their base, sub-phlegmonous engorgement, very common, but which might often be confounded with specific indurations by inexperienced observers. The axillary glands (the inoculations having been made upon the two arms), were not enlarged.

For the inoculation at which I assisted, and which was made upon M. Robert de Welz, a new lancet was used, but the pus upon the monkey was taken up with a spatula which was not new. Since then, M. Robert de Welz has made a new inoculation, which succeeded, with new instruments.

Thus far, then, we have only purely primary accidents, essentially local; but this is not yet the verole. Has the monkey served only as a soil for the transplantation of the chancre? This is very possible. We have the right to think so, until we succeed in producing in him constitutional accidents. This opinion is so much the more maintainable, inasmuch as many writers upon syphilis, especially in England, pretend that the chancre which does not become indurated is not a syphilitic accident. Will the experiments of M. Auzias come to confirm this opinion? I shall inform you at a later period what I think of this, and what I think upon the induration of chancre.

However it may be, I shall say to you, meanwhile, that if the *primary accidents* incontestably inoculable upon man, can be inoculated upon the monkey, the *secondary accidents* ought also to be inoculated, if, perchance, they have very recently become inoculable.

Is there, then, for each particular disease, as for the epidemics in general, a versatile character? Or, rather, is it not the genius of observers which changes?

Yours, &c., RICORD.

STRANGULATED HERNIA—CURE BY OPERATION.

To the Editor of the *Boston Medical and Surgical Journal*.

SIR,—Should you think the following worthy of an insertion in your Journal, it is at your disposal.

About three years since, C. J. called upon me with a strangulated inguinal hernia of the right side. I gave him chloroform, and, assisted by Dr. L. Johnson, succeeded after a long trial in reducing it by taxis. A truss was furnished and applied, retaining the bowel within the abdomen for about a year, till it was accidentally broken; since which time the hernia has been down daily, though he has always been able to reduce it himself whenever it became troublesome, till on the morning of Nov. 15th, 1832, when he called upon me, saying that about four hours since, his hernia came down, was painful, and he could not reduce it. The hernia was now hard and large, extending into the scrotum. I placed him in a suitable position, and attempted for half an hour to reduce it by taxis. Failing in this, and not having an anesthetic at hand, I directed him to go home, and placing himself on a bed upon his back with the legs flexed, to apply a bag of ice to the swelling, and take ant. et pot. tart. gr. $\frac{1}{4}$, every hour, in liq. pot. cit., 5 ss.

7 $\frac{1}{2}$, P.M., I visited him at his house. He had complied with my di-

rections, but with no benefit, except, perhaps, to prevent much increase of the inflammation. Again trying taxis for a short time, but not succeeding, I resolved to give him chloroform and repeat the trial. Putting him fully under its influence, I again attempted reduction by taxis, but without success. The symptoms not appearing immediately urgent, I ordered the ice and ant. et pot. tart. to be continued as before directed, and resolved to wait for the light of the next day before attempting the operation.

Nov. 16th, 9 o'clock, A.M. The patient passed a restless night, with increased pain and frequent vomiting. The swelling about the same as last night; tenderness increased. Proceeded to put him under the influence of chloroform for the purpose of an operation, should taxis again fail. In about five minutes he was completely under its influence. Taxis was tried for a short time, but there being no prospect of success, I proceeded to operate.

The skin and cellular substance were divided, commencing at the upper part of the tumor and extending downwards for about $3\frac{1}{2}$ inches. The external epigastric artery being divided by this incision, was secured with a ligature. The cremaster muscle and fascia propria were next divided, exposing the hernial sac. This appearing healthy, the finger was passed to the internal ring, and the stricture felt and divided with a curved, blunt-pointed bistoury. I had hoped that the intestine and its sac could now be reduced; but in this I was disappointed, as the sac adhered firmly to the ring and the intestine was not inclined to recede. The hernial sac was now opened; and adhesions being discovered between it and the intestine at the abdominal ring, they were carefully broken up by passing the finger between the sac and intestines, when the latter immediately returned into the abdominal cavity. The wound was now cleansed, the integuments brought together and secured by sutures; a compress, moistened with cold water, applied and secured by a T bandage; and over all, a bag of ice. He was ordered to take, every four hours, hyd. chlo. mit., grs. ij.; pulv. opii, gr. j.; and, in the intervals, ant. et pot. tart., gr. 1-6, in liq. pot. cit., $\frac{3}{2}$ ss. The diet to be strictly antiphlogistic, and the position recumbent.

7 o'clock, P.M.—Pulse 90. Has had but little pain; some nausea, and occasionally vomiting. Urinated a pint and a half at time of visit. Ordered the ant. et pot. tart. discontinued; the hyd. chl. mit. and opium continued. Ol. ricini $\frac{3}{2}$ j. to be given to-morrow morning.

Nov. 17th, 9 o'clock, A.M.—Pulse 95. He has rested some, vomiting once or twice, and urinated naturally. Bowels a little tender and tympanitic. Took the oil about two hours since. Ordered it repeated in two hours if the bowels are not previously moved—the hyd. chl. mit. and opium to be suspended.

2 o'clock, P.M.—Pulse 96. Oil has not operated. Ordered an injection of warm water with salt and molasses, which moved the bowels immediately. The hyd. chl. mit. to be resumed.

7 o'clock, P.M.—Pulse 100, soft. Has had two or three dejections, in which the oil is discernible; urinated freely. Continue ice to bowels, and give the hyd. chl. mit. and opium every three hours.

Nov. 18th, 9 o'clock, A.M.—Pulse 100, soft. Has rested some; vomited once during the night; urinated, but has had no dejection. Bowels some tender and tympanitic. Gave an injection as above, which brought away some fecal matter, affording much relief. Ordered the hyd. chl. mit. and opium, combined with ant. et pot. tart., gr. 1-6, every three hours. Ice and diet as before.

7 o'clock, P.M.—Pulse 105. Skin moist. Has been tolerably comfortable through the day. Treatment continued.

Nov. 19th, 9 o'clock, A.M.—Pulse 110, hard. Tenderness and tympanitis increased. Passed a restless night. No dejection. Gave an injection, which brought away considerable flatus and some feces. Ordered sixteen leeches applied to the abdomen, followed by cloths wrung from warm water to promote the bleeding. Medicine continued.

7 o'clock, P.M.—Pulse 105, soft. The leeches have drawn well, and bleeding still continues from some of the bites. Ordered the warm fomentations and medicine continued.

Nov. 20th, 9 o'clock, A.M.—Pulse 100, soft. Rested some. Tenderness and tympanitis less. Has had a little discharge from bowels, but feels the need of more. Ordered ol. ricini. 5 j., to be followed by an injection if necessary. After operation of physic, medicine and fomentation, to be continued.

7 o'clock, P.M.—Pulse 105, soft. Has had several dejections; urinated and feels comfortable. Tenderness and tympanitis less. Continue medicine.

Nov. 21st, 9 o'clock, P.M.—Pulse, 95, soft. Rested very well, had several dejections, tenderness and tympanitis nearly gone. Ordered hyd. chl. mit. and opium $\frac{1}{2}$ gr. j.; ant. et pot. tart., gr. 1-12 every three hours. Fomentations as before.

7 o'clock, P.M.—Pulse 100, soft. Tenderness and tympanitis slight. Continue medicine.

Nov. 22d, 9 o'clock, A.M.—Pulse 90, soft. Rested some, had several dejections, tenderness and tympanitis very slight. Complains that the teeth are sore. There is some discharge of healthy pus from the wound. Ordered opii gr. j.; pulv. ipecac. gr. ss., every three hours; the hyd. chl. mit. discontinued.

9 o'clock, P.M.—Pulse 90. Has had one dejection; feels comfortable. Continue medicine.

Nov. 23d, 9 o'clock, A.M.—Pulse 85. Has had one dejection, urinates freely, tenderness and tympanitis mostly gone. Pus discharged from wound quite freely.

7 o'clock, P.M.—Pulse 90. No pain. Continue medicine.

No. 24th, 9 o'clock, A.M.—Pulse 82. One dejection; urinates freely; no tenderness or tympanitis. Discharge of healthy pus from the wound quite free. Opium and ipecac. discontinued for the day; liq. pot. cit. in doses of 5 j. substituted. Rested well last night.

7 o'clock, P.M.—Pulse 85. Comfortable during the day. Opium and ipecac. resumed.

Nov. 25th, 9 o'clock, A.M.—Pulse 72. Rested well and feels comfortable. Wound discharges pus freely. Ordered quiniæ sulph., 3 ss.;

ac. sulph. aro., gtt. xxx. ; syr. aurant, 5 j. ; vin. Mad. et aquæ, $\frac{1}{2}$ 3 ijss. Misce. Dose 5 ss. three times a-day ; the opium and ipecac. to be given at 8 o'clock in the evening, and repeated at midnight if needed.

Nov. 26th, 9 o'clock, A.M.—Pulse 70 ; no pain ; rested well, having taken the opium and ipecac. but once. Had one natural dejection ; urine free ; has an appetite for food. Discharge of healthy pus from wound abundant. Ordered medicine continued, and light but nourishing food. To be kept quiet.

From this time the patient had no febrile symptoms. His appetite was good, secretions natural, and strength daily improving. The discharge of pus from the wound continued for several days, but the healing process was apparent, till, on the 19th of Dec., he left his room, *cured*.

It will be perceived that in every instance to this individual I gave chloroform. I have used this article in my practice for the last five years, and have given it in almost every case requiring an anaesthetic. I have given it at least two hundred and fifty times, and thus far have seen no injury result from its use. I have occasionally given the sulphuric ether, but believing that it causes more suffering than chloroform, I greatly prefer the latter. If the chloroform is pure, and is given in proper quantities and with suitable precautions, I think there can be no possible risk in its use. Chloroform is probably given, the world over, fifty times as often as sulphuric ether. I know it is said that chloroform kills ; but were the sulphuric ether used as extensively, is it not probable that deaths would be recorded from its use ? My method of giving chloroform is this. Folding a silk handkerchief eight thicknesses, I pour upon it about 5 j. of chloroform, and hold it to the nose and mouth in such a manner as to admit atmospheric air with it till the patient begins to be affected, when it is applied close to the mouth and nose and retained till he is fully under its influence. The handkerchief is then removed. Should the patient move during the operation, more chloroform is added to the handkerchief, and applied to the mouth and nose till he is again quiet. In this manner I proceed till the operation is completed. Chloroform acts much quicker than any other anaesthetic, and is much more agreeable to the patient ; and if it is equally safe, which I fully believe, it is the most desirable article to use.

E. B. MOORE.

Boston, Dec. 30, 1852.

SUDDEN RESTORATION OF HEARING.

To the Editor of the Boston Medical and Surgical Journal.

Miss F—, æt. 23, when about two years old introduced a bean in the right ear, and from inability to extract it, the substance was allowed to remain there for some months. It was at last removed in small pieces, with a darning needle, leaving the passage very much abraded, from which blood freely flowed. The external meatus became in a short time completely closed, by the supposed agglutination of its walls—the func-

tion of the ear be coming *entirely* suspended. She was not able to hear the loudest sounds when the *left* ear was closed. About ten months since, she came under my charge, with otorrhœa affecting the *left* ear, accompanied by a considerable amount of cerebral disturbance. She being of a decided plethoric habit, I adopted the most vigorous antiphlogistic measures—venesection, purging, leeching, &c.—and after the acute stage, blisters with sarsaparilla and iodide of potassium. The membrana tympani is covered by fungous granulations, to which I am applying nitrate of silver. In this condition of things she could be made to hear only by the greatest effort—the right ear, as I have said, being useless. About three weeks after I saw her, she removed from the *right* ear a hard, black-looking substance, with a pair of tweezers, and found, to her surprise, that the passage, which had been closed for twenty-one years, was completely open. I saw her the next day, and she was anxious to know if she would be able to hear with that ear. I prophesied that its function *might* be partially but gradually restored. Her ear remained in this condition about four weeks (she hearing no better than when it was closed), until last Friday evening, she experienced a very curious sensation in the right side of her head—feeling, as she described it, as though her brain was being wound up. She was unable to speak, and quite sick at her stomach. Soon she felt “as though her brain was unwinding,” accompanied by noises like the “firing of artillery;” and when the process appeared to be completed (a space of about one minute), she could hear perfectly with the right ear. She was very much agitated and alarmed, as you may readily suppose. She can now hear ordinary conversation as well as any one with but one sound ear. Loud noises are, however, somewhat painful.

Can any of your readers give an explanation of the case—or is it one of those phenomena beyond human ken? My youth and want of experience prevent my hazarding an opinion.

A. H. THOMPSON, M.D.

Walden, Orange Co., N. Y., Jan. 12th, 1853.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 19, 1853.

Births, Marriages and Deaths in Massachusetts.—The tenth authorized annual report, by Josiah Curtis, M.D., under the direction of the Secretary of the Commonwealth, has been published, and is as rich in facts as statistical readers can desire. There are such formidable tables we scarcely know where to commence or when to leave off. The returns are for the year 1851. During the year they show the number of births to have been 28,681—or about one in thirty-five of the population. “Nearly thirty per cent. of all the births during the three years, were stated to be of foreign parentage; and of these, the proportion in 1851 was still greater.” Massachusetts, like the Orient, rejoices in more females than males.

There were 11,966 marriages in the year. Within the past three years, 58,491 persons entered upon wedlock in this Commonwealth, being in the proportion of 1 to 102 inhabitants. Few illegitimate children are born here, compared with other countries. In 1846, 38,230 women in England had children, without being married, and 293 of them had twins! Among the anomalies, the report says a negro, aged 58, was married, his *sixth time*, to a negress 55, who had been married *three times* before! The article on deaths is well drawn up, as Dr. Curtis does all his literary work. It is a fine philosophical as well as medical article, abounding in common-sense observations, which show the author to be thorough in his researches into the why and wherefore of the mortality he records. The following quotation shows the mortality of the State for the year specified.

"During the year 1851, there have been no less than 18,934 deaths. This is nearly fifteen per cent. above the number in the year previous. But 1850, following the cholera year as it did, was a year of unusual health. 1851 may perhaps be set down as a fair average of the health and mortality during a series of years. Nine towns neglected to comply with the law by making returns for this report. These embrace a population of 10,223. Taking this amount from the aggregate population of the State, which is 994,514, and we have left 984,291 represented. From this we perceive that there was one death in 51.98 of the population, or 1.822 per cent."

This annual report is obviously improving in completeness and character, and posterity will thank our legislature for the present registry law, and also Dr. Curtis for his accuracy and patience.

Chelsea Marine Hospital.—A paragraph has been going the rounds of the papers, praising the excellent condition of the U. S. Hospital in Chelsea, two miles north of Boston. It has always been well conducted since the first day it was opened for the reception of seamen, and the various surgeons who have had charge of it for many years, have been men of tact and capacity. Dr. Ingalls, spoken of in connection with the extent and amount of professional business devolving upon him, is an accomplished surgeon, of great promise. His father before him was eminently distinguished, both as an anatomist and a successful operator. Dr. Stedman labored there many years, and gained a reputation which we trust will secure to him in private practice, the confidence of the community, which he deserves in the two-fold capacity of a thorough surgeon and an upright citizen.

The Boston Courier thus speaks of the newly appointed steward of this hospital, and the commendation of him we know to be well merited. "Dr. Jacob Mitchell, lately appointed to the office of steward in place of Capt. Bacon, deceased, is a worthy successor of that excellent man. Prompt and efficient, courteous and humane, and well acquainted with seamen from a long residence among them, a better selection could not have been made. No one will suffer under his management; and in the absence of a chaplain, he knows how to council and pray with the sick and dying. His excellent wife, no unimportant item in such a management, will ably second all his intentions for a faithful, humane and generous-minded management of the establishment."

Widows and Orphans of Physicians.—What is the reason a meeting cannot be called, with a view to organizing an institution for the benefit

of the widows and children of medical men in Boston? We are numerous enough, in all conscience, to have a full roll of members. Such societies exist abroad, and there is one in successful operation in the city of New York. How many heart-aches might be prevented, if a charity fund were raised to meet those hard cases of honest poverty which are presented in the vicissitudes of professional life, where a woman is suddenly plunged into grief and penury by the death of a husband, before he had secured any thing for his family. Very melancholy instances might be collected, within the recollection of every professional individual in the city, of the once bright prospects and sudden downfall of a brother practitioner's family, the painful circumstances of which might have been essentially obviated by a medical charity fund. The rich would give liberally, were there a treasury to receive their offerings. As the older physicians among us have given no heed to a similar proposition in past years—for this is by no means the first time it has been suggested and urged upon the profession of Boston and its vicinity—it would redound to the lasting honor of the younger members if they would bestir themselves in bringing into existence this much needed, but too long neglected institution. In this ever-changing world, the families of many who perhaps feel secure in the abundance of their possessions, might be made both comfortable and happier at some future period, by the interest accruing on a capital that would gradually accumulate into a large sum, by regular, though small droppings from each one's pocket. Arguments might be adduced by the hundreds, were it necessary, to convince the medical brotherhood of the city of the immense utility of this measure. Who is disposed to make a beginning?

Almshouse Practice.—Before the Massachusetts General Hospital had a being, medical students found our city almshouse the place to see practice. A better class of clinical practitioners were never reared in this ancient Commonwealth, than those thus taught. Whether students are as ambitious to go through the drudgery of almshouse study, as formerly, we do not know. It is certain, however, that it is a gross mistake not to embrace an opportunity of going a few months rounds in a large almshouse. Every thing in the form of human infirmity is there. Age and infancy are in juxtaposition; and the fine textures of youth, the friction of vital machinery in the old, with all possible shades in the maladies that beset man in his progress from birth to the grave, are constantly exhibited. The almshouse, therefore, is one of the best sources of medical knowledge that could be selected, even in these days of hospitals, and students will find it to their immediate, and certainly to their prospective advantage, to walk the wards of one in some part of their course.

Medical Profession of America.—Dr. Mitchell, the distinguished professor of Theory and Practice in the Louisville School of Medicine, Kentucky, took up the fruitful subject of the medical profession of America, past, present and future, for an introductory. If those who heard are influenced by the sentiments of the learned gentleman who addressed them, their own high destiny is certain, and the honor, reputation and usefulness of those devoted to the alleviation of the bodily suffering of their fellow men, will be as boundless as human ambition can desire.

Cincinnati Retreat for the Insane.—Seven miles north of the queen city of the west, a magnificent private establishment appears to have been organized for the reception of the insane, under the charge of Edward Mead, M.D., whose references are sufficiently ample to satisfy those who may wish to place their friends under his charge. Fifty dollars is required to be paid in advance, on admission. The regular charge is five dollars a week, under ordinary circumstances; but when a special attendant is necessary or demanded, then ten dollars a week. Another private institution in the neighborhood of Boston, would be well sustained. All the public asylums for the insane, are spoken of as being over-crowded. Lunatics seem to be on the increase, with the increased fluctuations of trade, spiritual rappings, and the every-day turmoil of life in our country.

The Esculapian.—Dr. Griswold's first number of a monthly Medical Journal, with this title, has been issued at New York, with a good prospect of success. The editor has struck out a new path, and consequently travels entirely by himself, without at all interfering with established medical periodicals. Wishing him well ourselves, we see no reason why he should not enjoy the confidence of the profession generally, and have the influence of the serial medical press in his favor. It is on a quarto sheet, in a cover, and the Esculapian has certainly a fine exterior. Of Dr. Griswold's capability, industry and learning, there can be no question; he has had experience, and, best of all, he exerts his whole strength to sustain and promote scientific practitioners, while the people are addressed in a language they understand.

Galvanism in Disease.—By some mishap a scrap has been lost, cut from a neighboring publication, that spoke in commendatory terms of some very simple apparatus employed by Dr. D. D. Smith, of this city, for the treatment of neuralgic pains of the head, and other parts of the body. This mode of treatment is becoming interesting to physicians. Two pads, containing plates of zinc and silver, connected by a covered wire, allow a current to pass directly through any organ; and in low nervous headache, this new remedy is said to have produced the happiest results. Dr. Perry, of West Medway, Mass., an excellent practitioner, informed us, a short time since, that he had resorted to this plan with good success, and his confidence is unshaken in the value of this important agent in the treatment of some difficult maladies.

Franklin District Medical Society.—Dr. S. W. Williams was elected president on the day of the annual meeting held recently. Dr. James Deane gave an interesting discourse upon the treatment of fractures of the thigh, whereupon a vote of thanks was bestowed upon him for it, and a request was made that he would deposit a copy of it in the archives of the society.

An interesting discussion was then held upon the pathology and treatment of typhoid fever, in which all the members took an active part. The subjects for colloquies for the succeeding meetings this year are Pneumonia, Dysentery and Tetanus, on which subjects it is expected that every member present will take a part.

The New York Medical Gazette.—Among the outward improvements which our cotemporaries of the medical press have undergone at the com-

mencement of the new year, none have been more apparent than those made by Dr. Reese in his *Medical Gazette* and *Journal of Health*. Its former inconvenient shape, coarse paper, and tasteless display of miscalled ornamental type in the advertisements, have given place to a neatly printed and convenient octavo, which is to appear monthly, at \$2 a year. Dr. R. is a vigorous writer, a close observer, is industrious withal, and we have no doubt will impart a spirit to the *Gazette* which will make it extensively patronized.

Medical Miscellany.—A physician in Chicago has turned drayman, says a paper of that city. Doctors were too numerous for him to succeed in his profession, but by a change of business, he is now thriving.—Never, in the history of St. Domingo, has the yellow fever been so awfully destructive as at the present time.—It appears by the U. S. census, that the consumption of spirituous and malt liquors reaches the enormous quantity of eighty-six millions of gallons annually, equal to six gallons for every adult person.—At Linden, La., smallpox has become so extensively prevalent, that a public meeting of the inhabitants has been held with a view to the adoption of means to arrest its further progress.—Ohio has been remarkably exempt from sickness the past season. A few cases of well-marked typhus have been developed in the neighborhood of Dayton, of late, and also some bilious fever.—Dr. Charles H. Nichols, formerly Dr. Brigham's assistant at Utica, and subsequently superintendent of the Bloomingdale Asylum, near New York, has been appointed to the charge of the U. S. Government Asylum for the insane in the District of Columbia. Congress appropriated \$100,000 for the purchase of a site.—Smallpox is raging in an unparalleled manner in the Island of Cuba. 18,000 persons are represented to be down with it. It has appeared again in western N. York, and at various points in New England, within the last few weeks.—Dr. Geo. B. Wood's address on the occasion of the centennial celebration of the founding of the Pennsylvania Hospital, is much admired.—Further intelligence from St. Domingo confirms the very terrible prevalence of the yellow fever.—Dr. Samuel Lee Bigelow, of Boston, on taking the degree of doctor in medicine at Paris, delivered a thesis of great interest to science, which has been published, with lithographic illustrations, to be noticed hereafter.

To CORRESPONDENTS.—Dr. Page's account of Dengue, and Dr. Park's case of *Tenia* expelled by Koussou, are on file for publication.

MARRIED.—Dr. John Linn, Portsmouth, Va., to Miss S. A. Pease.

DIED.—At New Lebanon, Ohio, Dr. John Thompson, 71.—Dr. David Long, of Darien, Genesee County, at the advanced age of 91 years. At the age of 15 he entered the Army of the United States, and was stationed in the vicinity of Boston.

Deaths in Boston—for the week ending Saturday noon, Jan. 15th, 73.—Males, 33—females, 40. Accidental, 2—consumption, 16—convulsions, 4—croup, 3—chicken pox, 1—dyspepsy, 3—d. in head, 2—infantile, 7—erysipelas, 1—typhus fever, 3—scarlet fever, 13—fracture of skull, 1—hooping cough, 1— influenza, 1—induration of the lungs, 2—congestion of lungs, 1—disease of liver, 2—marasmus, 2—measles, 1—old age, 3—s. i. sy., 1—suicide, 1—suffocation, 1—teething, 1.

Under 5 years, 33—between 5 and 20 years, 4—between 20 and 40 years, 12—between 40 and 60 years, 4—over 60 years, 7. Born in the United States, 30—Ireland, 17—England, 2—Norway, 1—Germany, 2—Br. America, 1. The above includes 5 deaths at the City Institutions.

Gun-Shot Wound of the Heart—Death two weeks after the Accident.
By R. C. HOPKINS, Cleveland, Ohio.—An Irish woman, on the evening of the 9th of Nov., 1852, received a ball, from a pistol, of the size of a No. 2 buck shot. When I saw her about half past 6, P. M., she was in a state of extreme collapse, the pulse just discernible, quick and fluttering. The external opening appeared between the 5th and 6th ribs, of the left side under the arm. A probe took an upward and slightly inward course when an attempt was made to introduce one in the course of the wound. Quiet was enjoined and a cordial administered. In the morning reaction had commenced. On the 3d day signs of pleura-pneumonia were apparent, which continued with increasing severity until the 23d of Nov., when she died, about 2, P. M., just two weeks, less by four hours, from the receipt of the injury.

The *post-mortem* was made 26 hours after death, as follows:—Percussion over the chest gave a dull sound over the left side of the chest, including the entire sternum. When the sternum was raised the left cavity of the chest appeared full of bloody serum. The heart was pushed entirely to the right of the spine, and the right lung compressed behind it. The left lung was so completely hepatalized as to sink at once when placed in water. The opening made by the ball into the chest was found between the 4th and 5th ribs of the left side, about $2\frac{1}{2}$ inches from the articulation with the cartilage. The fifth rib was fractured, and a small piece split from its upper edge. The ball was found lodged in the apex of the heart, having penetrated so that when the left ventricle was laid open the ball was just seen protruding. No cyst had formed around it, and no other evidence of inflammation of the heart or pericardium was apparent.—*The Ohio Med. and Surg. Journal.*

New Mode of employing Iodine.—M. HANNON has suggested, that when iodine is to be applied to a local tumor, as to a goitre, it should not be rubbed in at once—a practice which often irritates the skin excessively—but that it should be placed between two layers of cotton wool sewed in a bag, and tied directly over the part. The vapor of the iodine rapidly penetrates through the bag, and stains both the skin and the linen. To prevent this, a thin sheet of gutta percha or gummed silk is placed over the bag. It is indispensable to put the iodine between two layers of wadding; if placed merely in a bag, it passes through and blisters the surface like ammonia. Applied in this way, iodine enters the system with great rapidity, and appears in all the excretions.—*Med. Times and Gaz.* from *Presse Médicale*.

Chromic Acid as an Escharotic.—This acid is recommended by Dr. HELLER, a German physician, as a useful escharotic in severe cases, when properly and judiciously used. According to his experiments, all organic compounds are soluble in the readily deoxidizable chromic acid; the smaller animals, such as mice and birds, were so completely dissolved by chromic acid in the space of fifteen or twenty minutes, that no traces even of their bones, skin, hair, claws, or teeth could be discovered; so that it would appear that this metallic acid is not only a safe and gradual escharotic, but furnishes us with another rapid and efficient solvent for organic animal matter.—*London Journal Medicine*, Sept. 1852, from *Annals of Pharmacy*.